2453

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02435

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Weitzel Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Medford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ELIZABETH ADELINE BAILE

4. DATE OF DEATH: (Month) (Day) (Year) March 7 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 11, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Smith

14. MOTHER'S MAIDEN NAME: E. Adeline Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Wm C. Fraunfelter New Windsor Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

Antecedent cause(s) (b) Arteriosclerosis — years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1954, to Mar 7, 1954, that I last saw the deceased alive on Mar 6, 1954, and that death occurred at 11 45 am. m., from the causes and on the date stated above.

SIGNATURE James T Marsh (DEGREE OR TITLE) M.D. ADDRESS Westminster Md DATE SIGNED 3/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF March 9, 1954

NAME OF CEMETERY OR CREMATORY Linganore Cemetery

LOCATION (City, town, or county) Unionville (State) Md.

DATE REC'D BY LOCAL REG. 3/8/54

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR H Bankard & Son, Westminster ADDRESS Md.

RECEIVED
MAR 11 1954
BUREAU V. S.

2449

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02436

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster 27
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Ralph St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster 27
STREET ADDRESS (If rural, give location) 77 Ralph St.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Addie (Last) Barber

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 16-1917
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert S. Houck
14. MOTHER'S MAIDEN NAME: Anna Cecilia Nickey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 210-03-9107
17. INFORMANT & ADDRESS: George L. Barber 77 Ralph St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

			Interval between Onset and Death
Immediate cause	(a)	Acute Cerebral Hemorrhage	2 hours
Antecedent cause(s)	DUE TO (b)	Hyperemesis Gravidarum	10 days
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (6424)	DUE TO (c)	with 3 months pregnancy	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20 1954, to 3/26, 1954, that I last saw the deceased alive on 3/26 1954 and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE Stephen Barr (DEGREE OR TITLE) M.D. ADDRESS Westminster Md DATE SIGNED 3/27/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-29-1954
NAME OF CEMETERY OR CREMATORY Meadow Branch Cemetery
LOCATION (City, town, or county) Westminster, Md. (State)
DATE REC'D BY LOCAL REG. 3/27/54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR S. Bankard & Son Westminster ADDRESS Md.

RECEIVED
MAR 29 1954
BUREAU W. S.

2456 M

02437

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster — LENGTH OF STAY (in this place) 18 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll County Home	STREET ADDRESS (If rural, give location) Carroll County Home

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) William	(Last) Benson	4. DATE OF DEATH	(Month) March (Day) 19 (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Sept.12,1864	9. AGE last birthday 89 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm Work	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) ------	16. SOCIAL SECURITY NO. ----------	17. INFORMANT AND ADDRESS County HomeRecords			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) Arterio Sclerosis — March

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General asthenia — Pro Gressive

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age

19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) X	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) X m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from June, 1923, to 3/19, 1954, that I last saw the deceased alive on 3-19, 1954, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. C. Stone MD 121 E Green St Westminster 3-20-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF March 21,1954	NAME OF CEMETERY OR CREMATORY Meadow Branch Cemetery	LOCATION (City, town, or county) (State) near Westminster, Md.
DATE REC'D BY LOCAL REG. 3/20/54	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR John R. Byers	ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAR 22 1954
BUREAU V. S.

2457

02438

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville — LENGTH OF STAY (in this place) since 2/9/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY 3V01.4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 26 S. Castle Street

3. NAME OF DECEASED (Type or Print): (First) Herman (Middle) Joseph (Last) BERAN

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 9/28/85

9. AGE last birthday: 68 yrs. — If under 1 year: Months. — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Box Factory

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.n

13. FATHER'S NAME: Louis Beran

14. MOTHER'S MAIDEN NAME: Josephine - Strunz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service) ---

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0
Immediate cause (a) Massive hemorrhage from esophagus varices — 12 hrs.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Liver cirrhosis with ascites — more than 4 yrs.
(c) ---

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General paresis — 24 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---

PLACE (Home, farm, factory, street, OF office bldg., etc.) --- INJURY — (CITY OR TOWN) --- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from March 8, 1952, to March 21, 1954, that I last saw the deceased alive on March 21, 1954, and that death occurred at 9:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
Martin Gross, M.D. — Martin Gross, M.D. Sykesville, Maryland — 3/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: March 25 54 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery — LOCATION (City, town, or county) (State): 4430 Belair Road Md

DATE REC'D BY LOCAL REG. 3/23/54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Dippel Bros. — ADDRESS: 1800 E Lombard St

2458

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02439

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sykesville, Maryland
LENGTH OF STAY (in this place) 10 hr. 35min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital Sykesville, Maryland 15

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE (Nursing Hone) Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gypsy Hill 27
STREET ADDRESS (If rural give location) Westminister, Maryland

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) H (Last) Beuhler
4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Sept 26/70
9. AGE last birthday: ~~85~~ 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Co, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Thomas H. Buehler
14. MOTHER'S MAIDEN NAME: Elizabeth Schimp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-18-3320
17. INFORMANT & ADDRESS: Records Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Bronchopneumonia — Interval Between Onset And Death: more than one day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease for many years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16, 1954, to 3-17, 1954, that I last saw the deceased alive on 3-16, 1954, and that death occurred at 1:45A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Florian Nadolski, M.D.
ADDRESS Springfield State Hospital Sykesville, Maryland
DATE SIGNED 3-17-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-19-54
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR Loring Byers
ADDRESS 5005 Pk Heights Baltimore, 15, Md.

MAP TO PAID

Genevieve Muth

2459

02440

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SYKESVILLE
LENGTH OF STAY (in this place) 6 WKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GRAND VIEW MANSION NURSING HOME SPRINGFIELD ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 24
STREET ADDRESS (If rural, give location) 2902 Halcyon Ave.

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) (Last) BLOECHER
4. DATE OF DEATH (Month) MARCH (Day) 15 (Year) 1954
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH Aug. 27, 1873
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? ?
13. FATHER'S NAME Henry Repp
14. MOTHER'S MAIDEN NAME Bensel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. John H. Bloecher-612 Wildwood Pkay.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) hypertensive cardiovascular disease with — 10+ yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis & chr. myocarditis — 10+ years

(c) senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Feb, 1954, to 15th March, 1954, that I last saw the deceased alive on 14th March 1954, and that death occurred at 1:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Lawson, M. D. Sykesville, Maryland W. Lawson 3/15/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/17/54
NAME OF CEMETERY OR CREMATORY Western Cem
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 3-17-54
REGISTRAR'S SIGNATURE [signature] Dunn
24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

2460

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02441

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 1 yr, 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore
STATE Maryland COUNTY City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1721 Harford Avenue

3. NAME OF DECEASED: (Type or Print) (First) Christian (Middle) ---- (Last) Brack
4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: 5/31/76
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Plumber
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Unk -
14. MOTHER'S MAIDEN NAME: Unk -
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY No.: 218-01-9389
17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

585X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 24 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Empyema of gallbladder — 7 days

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome assoc. with senile brain disease, with psychotic reaction — about 3 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3-, 1952, to 3-26-, 1954, that I last saw the deceased alive on 3-26-, 1954, and that death occurred at 10:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Florian Nadolski M.D.
ADDRESS Sykesville, Md.
DATE SIGNED March 28, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-30-54
NAME OF CEMETERY OR CREMATORY Baltimore
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 28, 1954
REGISTRAR'S SIGNATURE C. Harry Weed
24. FUNERAL DIRECTOR H. Sander & Son - North & Broadway - Balto.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR
V. S.

2461

02442

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Airy
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Airy
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Wessley (Last) Brown
4. DATE OF DEATH (Month) March (Day) 30 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Feb. 1, 1865
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY B. & O Railroad
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joshua Brown
14. MOTHER'S MAIDEN NAME Sarah Browning.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Raymond Kelley, Mt. Airy Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.c

Immediate cause (a) Chr. Uremia — 2 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Interstitial Nephritis — ? yr

(c) Advanced Arteriosclerosis — ? yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1954, to March 30 1954, that I last saw the deceased alive on 3/30, 1954, and that death occurred at 8:52 P m., from the causes and on the date stated above.

SIGNATURE J Stanley Geebell (Degree or title) M.D. ADDRESS Mt Airy - Md. DATE SIGNED 3/31/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 1 1954
NAME OF CEMETERY OR CREMATORY Pine Grove
LOCATION (City, town, or county) Mt. Airy (State) Md

DATE REG'D BY LOCAL REG. 4/2/54
REGISTRAR'S SIGNATURE Wm D. Fayette
24. FUNERAL DIRECTOR Olin L. Molesworth ADDRESS Damascus Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1954

12450

02443
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr. G. Allen Moulton's Office Westminster, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Manchester
STREET ADDRESS (If rural, give location) Manchester Md.

3. NAME OF DECEASED: (First) CHARLES (Middle) WILLIAM (Last) BURGOON
4. DATE OF DEATH (Month) March (Day) 29 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6-5-19	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Line inspector	Electric Co.	Carroll Co. Md.	U.S.A.

13. FATHER'S NAME: Arthur J. Burgoon
14. MOTHER'S MAIDEN NAME: Lara V. Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes		215-62-7780	Wife 11 York St. Manchester, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Fuller M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 3/30/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-1-54	Manchester Cem.	Manchester Carroll Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-1-54	L L	R B Wantz Manchester Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12462

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02444

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carrol — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) 21 N. Colonial Ave.

3. NAME OF DECEASED: (Type or Print) (First) Abraham (Middle) Stoner (Last) Burkholder
4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 4-28-1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Daniel Burkholder
14. MOTHER'S MAIDEN NAME: Susan Stoner
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, (no) or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Mrs. Jack Burkholder, Westminster

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443X Bronchopneumonia — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular disease — many years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C.B.S associated with circulatory disturbance, with cerebral arteriosclerosis — Many years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/, 1954, to 3/14/, 1954., that I last saw the deceased alive on 3/14/, 1954, and that death occurred at 6.45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
A. LaRiba, M.D. — Springfield St. Hospital — 3/14/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-17-54 — NAME OF CEMETERY OR CREMATORY Kriders — LOCATION (City, town, or county) Westminster, — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 14, 1954 — REGISTRAR'S SIGNATURE C. Harry Elder — 24. FUNERAL DIRECTOR John E. Myers — ADDRESS Westminster, Md.

VS. A15

RECEIVED

BUREAU V. S.

2451

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02445

Reg. Dist. No. 71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 '8-5

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 211 E. Main

3. NAME OF DECEASED: (Type or Print) (First) Christine (Middle) R (Last) Case

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 30-1887

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis M. Roberts

14. MOTHER'S MAIDEN NAME: Mary D. Grimwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Edward W. Case 211 E. main Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: 1/2 hour.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Coronary artery disease — 10 years.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 54, to Mar 22, 19 54, that I last saw the deceased alive on Mar 22, 19 54, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James J. Mead M.D. Westminster Md 3/23/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3-25-1954

NAME OF CEMETERY OR CREMATORY St. Johns Cemetery

LOCATION (City, town, or county) (State) Westminster, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

H. Bankard & Son Westminster, Md.

RECEIVED
MAR 26 1954
BUREAU V. S.

2463

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02446

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Taneytown
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Taneytown
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jane (Last) Colson

4. DATE OF DEATH: (Month) March (Day) 11, (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 16, 1947

9. AGE last birthday: 6 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Colson

14. MOTHER'S MAIDEN NAME: Mildred Waddles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mr. W.J.Colson, Route #2, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
200.
Immediate cause (a) myocardial failure — Interval Between Onset And Death: 8 hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Pulmonary infiltration — 4 weeks
DUE TO
(c) Malignant lymphoma - reticulum cell type — 2½ months

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 1953, to 3-11, 1954, that I last saw the deceased alive on 3-10, 1954, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter E. Stevens, M.D. — ADDRESS Taneytown, Md. — DATE SIGNED 3-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 14, 1954 — NAME OF CEMETERY OR CREMATORY Sam's Creek Cemetery — LOCATION (City, town, or county) (State) New Windsor, Maryland

DATE REC'D BY LOCAL REGISTRAR March 12, 1954 — REGISTRAR'S SIGNATURE Mary B. Witt, Deputy

24. FUNERAL DIRECTOR — ADDRESS C.O.Fuss & Son, Taneytown, Maryland

VS. A15

MAR
BUREAU V. S.

2464

02447

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) since 7/11/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN --- Baltimore
STREET ADDRESS (If rural, give location) 33 N. Potomac Street

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) John (Last) COOK

4. DATE OF DEATH (Month) March (Day) 30 (Year) 1954

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 12/11/72

9. AGE last birthday 81 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook - seaman

10b. KIND OF BUSINESS OR INDUSTRY Unk -

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME Henry Cook

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service) ---

16. SOCIAL SECURITY NO. unknown

17. INFORMANT AND ADDRESS Records of Springfield State Hospital

9

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis, chronic myocarditis — more than 4 yrs.

(c) ---

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — more than 4 yrs.

19a. DATE OF OPERATION ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) (COUNTY) (STATE) ---

TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.

INJURY OCCURRED ---- While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Oct. 4, 1950, to March 30, 1954, that I last saw the deceased alive on March 30, 1954, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) Martin Gross, M.D. ADDRESS Sykesville, Maryland DATE SIGNED 3/31/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Apr. 2-54 NAME OF CEMETERY OR CREMATORY Parkwood LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. Mar. 31, 1954 REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR F. Wolitz - 814 W. 36th St. ADDRESS Balto. Md.

RECEIVED
APR 2 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02448

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
LENGTH OF STAY (in this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 6 Humbert Apt. E. Green Street

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) EeeRoy (Last) Cross

4. DATE OF DEATH: (Month) Mar (Day) 15 (Year) 1954.

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 5, 1910

9. AGE last birthday: 43 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Distributer

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Beverage

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Waldo Cross

14. MOTHER'S MAIDEN NAME: Estella Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes — (If Yes, give war or dates of service) W.W.2

16. SOCIAL SECURITY No.: 216-03-5752

17. INFORMANT & ADDRESS: Mrs. Ruth B. Cross, Westminster, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 7:30 am, to 10:30 a.m.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15-1954 (9:30 am) to 3-16-1954, that I last saw the deceased alive on 3-15, 1954, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE: W. C. Jennette M.D. — (DEGREE OR TITLE) — ADDRESS: Westminster Md — DATE SIGNED: 3-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 17, 1954 — NAME OF CEMETERY OR CREMATORY: Pleasant Valley Cemetery — LOCATION (City, town, or county) (State): Pleasant Valley, Maryland

DATE REC'D BY LOCAL REG.: March 16, 1954 — REGISTRAR'S SIGNATURE: Mary B. Witt, Deputy

24. FUNERAL DIRECTOR — ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

RECEIVED
MAR
BUREAU V. S.

02445

2465

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Carroll County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: ----
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 3 Wickham Rd. ✓

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) --- ---- (Last) DAHL

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1887

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Dahl

14. MOTHER'S MAIDEN NAME: Elizabeth Lang

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): ---

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

904.7 Immediate cause (a). Bronchopneumonia — Interval Between Onset and Death: 6 days

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b). Fracture of humerus — 2 wks.
(c). ---

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Korsakoff's psychosis — 12 yrs.

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Hospital

(CITY OR TOWN): Sykesville — (COUNTY): Carroll — (STATE): Maryland

TIME OF INJURY (Month): -3- (Day): 12 (Year): 54 (Hour): ? m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Unknown - patient probably fell.

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to 3-25-54, 19..., that I last saw the deceased alive on 3-25-, 19 54, and that death occurred at 4:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M.D. — ADDRESS: Martin Gross, M.D. Sykesville, Maryland — DATE SIGNED: 3-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/27/54 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county): Woodlawn Md (State)

DATE REC'D BY LOCAL REG.: 3/26/54 — REGISTRAR'S SIGNATURE: C W Hidgeth

24. FUNERAL DIRECTOR: J C L — ADDRESS: Pratt & Officer Sts

2466

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 02450

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) since 6/14/40
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS ---- (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) Earl (Last) DAVIS

4. DATE OF DEATH (Month) March (Day) 16 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): ? Unk.

10b. KIND OF BUSINESS OR INDUSTRY: --- Unk.

11. BIRTHPLACE (State or foreign country): Millington, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Adolphus Davis

14. MOTHER'S MAIDEN NAME: Mary Virginia Walls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490X

Immediate cause (a) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) --- DUE TO ---

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Beginning ileus — ?

19a. DATE OF OPERATION: ---

19b. MAJOR FINDING OF OPERATION: ---

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Springfield Hospt. Sykesville

21c. (City or town) Carroll (County) Maryland (State)

21d. TIME OF INJURY (Month) 3 (Day) 11 (Year) 54 (Hour) 2:45 p. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell from wheelchair

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Marsh M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-18-54

NAME OF CEMETERY OR CREMATORY Springfield Hospital

LOCATION (City, town, or county) Sykesville, Md. (State)

DATE REC'D BY LOCAL REG. Mar. 18, 1954

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS

Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

2467

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02451

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Medford
LENGTH OF STAY (In this place) 78 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS New Windsor R.D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Medford
STREET ADDRESS (If rural, give location) New Windsor R.D. 1

3. NAME OF DECEASED: (Type or Print) (First) MAMIE (Middle) ELIZABETH (Last) ENGLAR

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 26 1875

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Smith

14. MOTHER'S MAIDEN NAME: Sally Shuey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: H Smith Englar Westminster Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause	(a) Myocardial degeneration	1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO arteriosclerotic heart disease	3 or 4 yrs
	(c) DUE TO	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1954 to Mar. 18 1954, that I last saw the deceased alive on Mar. 16, 1954, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

C Reese Wilkens M.D. Carroll Westminster 3/20/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3-21-1954

NAME OF CEMETERY OR CREMATORY Pipe Creek Cemetery

LOCATION (City, town, or county) Uniontown (State) Md.

DATE REC'D BY LOCAL REG. 3/20/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H Bankard Son

ADDRESS Westminster, Md.

RECEIVED
MAR 22 1954
BUREAU V. S.

2468

02452

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1 PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville Md
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 416 Normandy Ave

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Jane (Last) Forrester
4. DATE OF DEATH (Month) Mar (Day) 31 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Mar 6-1861
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Crowther
14. MOTHER'S MAIDEN NAME: Olivia Swan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs John C. Marsh Silver Springs Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. Myocarditis — 10 yrs

DUE TO

(c) Genl. Arterio Sclerosis — R.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile Psychosis, Simple deterioration

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1954, to Mar 31, 1954, that I last saw the deceased alive on Mar 31, 1954, and that death occurred at 16:05 P.M., from the causes and on the date stated above.

SIGNATURE M. A. Martin (Degree or title) MD ADDRESS Sykesville Md DATE SIGNED Mar 31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/3/54
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 4/1/54
REGISTRAR'S SIGNATURE [illegible] Hedwig
24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

#2469

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02453

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 S. Main.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead, Md
STREET ADDRESS (If rural, give location) 14 S. Main St

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) M. (Last) Gill.

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 5, 1887.
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Upperco Md
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John S. Hughes.
14. MOTHER'S MAIDEN NAME: Laura Virginia Hozlet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Haven T. Gill, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Cerebral Hemmorage — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Cardio-Vascular disease ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 1, 1944, to Mch 20, 1954, that I last saw the deceased alive on March 19, 1954 and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE Joseph E Bush (DEGREE OR TITLE) Md ADDRESS Hampstead Md DATE SIGNED 3-20-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar 23/54
NAME OF CEMETERY OR CREMATORY Hampstead
LOCATION (City, town, or county) Carroll Co Md (State)
DATE REC'D BY LOCAL REG. 3/21/54
REGISTRAR'S SIGNATURE Henry J Kees
24. FUNERAL DIRECTOR Edw C Tipton, Hampstead Md ADDRESS

RECEIVED
MAR 23 1954
BUREAU V. S.

2470

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02454

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Houcksville
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tannery
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) STELLA IRENE OWINGS GREEN

4. DATE OF DEATH: (Month) (Day) (Year) March 12 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 1868-2-9
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hood Owings
14. MOTHER'S MAIDEN NAME: Amanda Wickard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs C. E. Elsrode Houcksville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH ?

DUE TO

Antecedent cause(s) (b) Arteriosclerotic Cardio-Vascular disease ?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 11, 1954 to Mch 12, 1954, that I last saw the deceased alive on March 6, 1954, and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE Joseph E Bush (DEGREE OR TITLE) MD ADDRESS Hampstead Md DATE SIGNED 3/13/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF March 15 1954
NAME OF CEMETERY OR CREMATORY Leisters Cemetery
LOCATION (City, town, or county) (State) Westminster Md.

DATE REC'D BY LOCAL REG. 3/13/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H. Bankard Son, Westminster, Md. ADDRESS

RECEIVED
MAR 15 1954
BUREAU V. S.

2471

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02455

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Orville (Middle) Bruce (Last) Hamburg

4. DATE OF DEATH: (Month) March (Day) 1, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 10, 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hamburg

14. MOTHER'S MAIDEN NAME: Rebecca Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-01-4510

17. INFORMANT & ADDRESS: Mrs. Orville Hamburg, Uniontown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral Hemmorage — 12 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Sclerosis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/28, 1954, to 3/1, 1954, that I last saw the deceased alive on Feb 28, 1954, and that death occurred at 3/1/54 from the causes and on the date stated above.

SIGNATURE J H Hogg (Degree or title) M D ADDRESS Union Bridge DATE SIGNED 3-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF March 4, 1954 NAME OF CEMETERY OR CREMATORY Church of God Cemetery LOCATION (City, town, or county) Uniontown, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR March 4, 1954 REGISTRAR'S SIGNATURE Margaret R. England

24. FUNERAL DIRECTOR ADDRESS C.O. Fuss & Son, Taneytown, Maryland

VS. A15

RECEIVED
MAR 11 19..
BUREAU V. S.

2472

02456

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Sykesville

LENGTH OF STAY (in this place): 54yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-- Sykesville

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	
DEBORAH HATFIELD	March 11	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed	9-26-1865	88 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
David Glass	Mary Ann Schuster

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. David Hoff, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
443X Immediate cause	(a) hypertensive cardio vascular disease	10+ year
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) arterio Sclerosis & hy. myocarditis	10 + years
	DUE TO (c) senile changes	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19..., to 11 March, 1954, that I last saw the deceased alive on 11 March 1954, and that death occurred at 1:55 PM, from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. — ADDRESS: Sykesville, Maryland — DATE SIGNED: 11 March 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	3-13-1954	Freedom Wesley	Carroll Co., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-12-54	C. Harry Eberly	C. M. Waltz,	Winfield, Md.

VS. A15

RECEIVED
MAR
BUREAU V. S.

2473

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02457

CERTIFICATE OF DEATH

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Taneytown
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Taneytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ervin (Middle) R (Last) Hyser

4. DATE OF DEATH: (Month) Mar (Day) 11 (Year) 1954.

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Mar. 7, 1882

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin J. Hyser

14. MOTHER'S MAIDEN NAME: Annie C. Barnhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-05-2033

17. INFORMANT & ADDRESS: Mrs. Ervin R. Hyser Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebro-vascular accident c embolism (?) — 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 10 years
DUE TO (c) Essential Hypertension — 6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Previous cerebro vascular accident — 2½ months

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Jan., 1954, to 11 March, 1954, that I last saw the deceased alive on 10 March, 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE Walton E. Stevens (Degree or title) M.D. — ADDRESS Taneytown, Md. — DATE SIGNED 12 March 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar. 14, 1954 — NAME OF CEMETERY OR CREMATORY United Brethren — LOCATION (City, town, or county) Taneytown, — (State) Md.

DATE REC'D BY LOCAL REGISTRAR March 13, 1954 — REGISTRAR'S SIGNATURE Mary B. Witt, Deputy

24. FUNERAL DIRECTOR C.O. FUSS & SON — ADDRESS Taneytown, Md.

VS. A15

RECEIVED

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02458

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) (Last) JONES

4. DATE OF DEATH: (Month) March (Day) 8, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH: July 24, 1916
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Nat'l Plastic Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore Jones
14. MOTHER'S MAIDEN NAME: Louise Pindell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: John Hopkins Hospital (Medical Records)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Meningitis
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Minimal Tbc.
DUE TO

(c)

Interval Between Onset And Death: Nov. 1953

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 3, 1954, to Mar. 8, 1954, that I last saw the deceased alive on Mar. 8, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE T. F. Vestal (Degree or title) M.D. ADDRESS Henryton, Md. DATE SIGNED 3-8-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 12, 1954
NAME OF CEMETERY OR CREMATORY Mt. Lobot
LOCATION (City, town, or county) Chesterfield A.A. Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-8-54
REGISTRAR'S SIGNATURE Albert R. Swankham
Deputy Local

24. FUNERAL DIRECTOR Annie A. Johnson
ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Film#G163 Item# 9 4/5/54 emf

02459

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Sykesville, Md.
LENGTH OF STAY (in this place): 3 mo; 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital Sykesville, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Manchester
STREET ADDRESS (If rural, give location): Maryland Route #1

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Burton (Last) Kayser

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-10-1883

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm tenant

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Kayser

14. MOTHER'S MAIDEN NAME: Martha Hoylman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk — (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: Unk —

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Coronary Occlusion — Interval between onset and death: 40 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) General arteriosclerosis — many years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: C.B.S. associated with circulatory disturbance, cerebral arteriosclerosis with psychotic reaction.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-31 ..., 1953.., to 3-24 ....., 1954..., that I last saw the deceased alive on 3-24 ....., 1954..., and that death occurred at 12:30P.M. ....m., from the causes and on the date stated above.

SIGNATURE: Florian Nadolski, M.D. (Degree or title) — ADDRESS: Springfield State Hospital Sykesville, Md. — DATE SIGNED: 3-24-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3-27-1954 | NAME OF CEMETERY OR CREMATORY: Christiansburg Cem. | LOCATION (City, town, or county): Christiansburg | (State): Va

DATE REC'D BY LOCAL REG.: Mar. 25, 1954 | REGISTRAR'S SIGNATURE: C. Harry Edsall | 24. FUNERAL DIRECTOR: W Bankard & Son Westminster, Md. | ADDRESS

2476 Item 22 Film G163 4/5/54 ams

02460

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 74

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Sykesville
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 848 West Baltimore St.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) (Last) KEHOE

4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: unknown
9. AGE last birthday: 81 ? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Kehoe
14. MOTHER'S MAIDEN NAME: Bridgett Kehoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unk -
17. INFORMANT & ADDRESS: Record, Springfield State Hospital, Sykesville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491X

Immediate cause (a) ~~Deferred pending further study~~

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Terminal Broncho--Pneumonia

DUE TO

(c) Advanced senile syndrome

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T Marsh M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 3/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3-17-54
NAME OF CEMETERY OR CREMATORY Springfield Hospital
LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REG. Mar. 17, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
Arthur H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) since 4/1940
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 202 N. High St.

3. NAME OF DECEASED (Type or Print): (First) Wallace (Middle) - (Last) KIAN

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Mar. 15, 1895

9. AGE last birthday: 59 yrs. If under 1 year: Months -, Days -, If under 24 hrs.: Hours -, Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern operator

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Turkey

12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: Charles Kian

14. MOTHER'S MAIDEN NAME: Mary - York -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service) ---

16. SOCIAL SECURITY No.: unknown

17. INFORMANT AND ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 10 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Syphilis — unknown

(c) ---

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with syphilitic meningo-encephalitis — 14 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN) (COUNTY) (STATE): ---

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to March 29, 1954, that I last saw the deceased alive on March 28, 1954, and that death occurred at 8:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Martin Gross, M.D. Martin Gross, M.D. Sykesville, Md. 3/29/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 4-1-54
NAME OF CEMETERY OR CREMATORY: Baltimore
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Mar. 29, 1954
REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: W. E. Cook Inc.
ADDRESS: 1217 N. Paul St. Balto.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02462

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 E. Green Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 248 E. Susquehanna Avenue

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) OLEITA (Last) LEASH

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 9 - 1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George S. Stine
14. MOTHER'S MAIDEN NAME: Mary Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Merill A. Leash 101 E. Green St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) Cerebral softening — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — 4+ yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Extensive arthritis — 5+ yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1953 to Mar 7, 1954, that I last saw the deceased alive on Feb. 15, 1954, and that death occurred at 11.45 P.m., from the causes and on the date stated above.

SIGNATURE Reese Wilkens (DEGREE OR TITLE) M.D. ADDRESS Westminster DATE SIGNED 3/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-10-1954
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) Hyde (State) Md.

DATE REC'D BY LOCAL REG. 3/[illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John Burns'sons Towson, ADDRESS Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02463

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville
LENGTH OF STAY (in this place) 1 Mo.; 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg
STREET ADDRESS (If rural give location) rural

3. NAME OF DECEASED: (Type or Print) (First) DOVIE (Middle) GRACE (Last) LEWIS

4. DATE OF DEATH: (Month) (Day) (Year) March 16 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9/10/79

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): cook, housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Washington Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Denton Lewis

14. MOTHER'S MAIDEN NAME: Clara Ellen Buhrman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: Unk -

17. INFORMANT & ADDRESS: Record, Springfield State Hoppital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Abcess of operative wounds

DUE TO

(c) Carcinoma of the rectum with local spread — unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type; diabetes — years

19a. DATE OF OPERATION: 2/18/54

19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum with local spread

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11/, 1954, to 3/16, 1954, that I last saw the deceased alive on 3/16, 1954, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

SIGNATURE Gertrude McGrow (Degree or title) M. D. ADDRESS Sykesville, Maryland DATE SIGNED 3-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF March 20, 1954 NAME OF CEMETERY OR CREMATORY Pleasant Valley LOCATION (City, town, or county) Smithsburg (State) Md

DATE REC'D BY LOCAL REGISTRAR Mar. 17, 1954 REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Smithsburg

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Items 18 & 21 Film g164 4/15/54 ams

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carrol MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) E. (Last) LINTHICUM

4. DATE OF DEATH (Month) March (Day) 27 (Year) 1954

5. SEX fem.
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH July 11, 1887
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) Montgomery County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Cassidy Linthicum
14. MOTHER'S MAIDEN NAME Rachel E. Dutrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

904.7 Immediate cause (a) Pulmonary embolus

Antecedent cause(s) Part II (Acute pulmonary process in arrested pulmonary tuberculosis)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Fracture of right ankle

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia praecox-hebephrenic type

INTERVAL BETWEEN ONSET AND DEATH: minutes; 14 days and longer; 8 days; 34 years and longer

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital
(CITY OR TOWN) Sykesville (COUNTY) Carroll (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 19 (Year) 54 (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to March 27, 1954, that I last saw the deceased alive on 3/27, 1954, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (Degree or title) M.D. ADDRESS Springfield State Hospital DATE SIGNED 3/27/54

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE 30 March 1954
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) Hyattstown, Maryland (State)

DATE REC'D BY LOCAL REG. Mar. 29, 1954
REGISTRAR'S SIGNATURE C. Harry [illegible]
24. FUNERAL DIRECTOR W. L. Burdette, Hyattstown, Maryland ADDRESS

02465
Reg. Dist. 70

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bruceville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mehring Fertilizer Plant

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Keymar
STREET ADDRESS (If rural, give location): Bruceville

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) WILLIAM (Last) LOOKINGBILL

4. DATE OF DEATH (Month) March (Day) 25 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	June 14, 1902	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Fertilizer Plant	Maryland	U.S.A.

13. FATHER'S NAME: William Lookingbill

14. MOTHER'S MAIDEN NAME: Margaret M. Grinder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-13-4436

17. INFORMANT & ADDRESS: Charles U. Mehring, Keymar, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

910.3

Immediate cause (a) Massive left hemothorax secondary to traumatic

DUE TO transection of thoracic aorta

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple fractures of ribs, bilateral Fracture of dorsal spine

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	industrial	Bruceville	Carroll	Maryland

21d. TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☒	Not while at work ☐	21f. HOW DID INJURY OCCUR?
3/25/54			10:05 A.M.			Struck and knocked down by pile of fertilizer

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Mehring M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED March 26, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 28, 1954	Pipe Creek Cemetery	New Windsor, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 29, 1954	Mary B. Wilt, Deputy	C.O. Fuss & Son, Taneytown, Maryland

VS. A15A - 5 - 53

APR 1
BU[illegible]U V. S.

02466

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Winfield
LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 6 Winfield

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Winfield
STREET ADDRESS (If rural, give location) R.F.D. 6

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Louis (Last) Ludwig

4. DATE OF DEATH (Month) March (Day) 27 (Year) 19 54

5. SEX MALE

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH May 7, 1886

9. AGE last birthday 67 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman

10b. KIND OF BUSINESS OR INDUSTRY Municipal

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Karl Ludwig

14. MOTHER'S MAIDEN NAME Louise A. Lucke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 216-28-8172

17. INFORMANT AND ADDRESS Anna Ludwig R.F.D. 6, Winfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Mar 27 1954, that I last saw the deceased alive on Mar. 27, 1954, and that death occurred at 5.25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. E. Robertson M.D. New Windsor, Md. 3/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-31-54

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 3-29-54

REGISTRAR'S SIGNATURE M. E. Hedrick

24. FUNERAL DIRECTOR ADDRESS George L. Schwab 2101 Frederick Ave. Balto., Md.

Dmm

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2482

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02467

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carrol — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 61 Prince Edwards Street

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) N. (Last) Mc. COY

4. DATE OF DEATH (Month) March (Day) 3 (Year) 1954

5. SEX Fem.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH ?? 1898

9. AGE last birthday 55 ?? yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Ireland

12. CITIZEN OF WHAT COUNTRY? ? ?

13. FATHER'S NAME James Flynn

14. MOTHER'S MAIDEN NAME Mary ? ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

171X

Immediate cause (a) Uremia, anoxia — days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Squamous cell carcinoma of cervix, infiltrating in type — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, hebephrenic type — 24 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to March 3, 1954, that I last saw the deceased alive on March 2, 1954, and that death occurred at 9:35 A.m., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (Degree or title) M.D. — ADDRESS Springfield State Hospital Sykesville Md. — DATE SIGNED 3/3/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 3/6/54 — NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery — LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 3/4/54 — REGISTRAR'S SIGNATURE [illegible] C. Harry [illegible] — 24. FUNERAL DIRECTOR F. Geeche Sons Hyattsville Md. — ADDRESS

2483

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02468

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 12 Yrs. 2 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown, Md.
STREET ADDRESS (If rural give location): ----------

3. NAME OF DECEASED: (First) Jesse (Middle) (Last) Medders

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-16-1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months ---- Days ---- IF UNDER 24 HRS.: Hours ---- Min. ----

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Medders

14. MOTHER'S MAIDEN NAME: Julia Sutton

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY No.: --------

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Lobar Pneumonia	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Chronic myocarditis	10 Yrs.
	DUE TO (c)	Hypertension	10 Yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with convulsive disorder, epileptic deterioration

19a. DATE OF OPERATION: ----------

19b. MAJOR FINDINGS OF OPERATION ----------

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ------

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): ----------

TIME OF INJURY (Month) (Day) (Year) (Hour) ---------- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ----------

22. I hereby certify that I attended the deceased from 1-8 ,1942, to 3-28- , 1954, that I last saw the deceased alive on 3-28, 1954, and that death occurred at 9-30 AM, from the causes and on the date stated above.

SIGNATURE: M Martin M.D (Degree or title) ADDRESS: Springfield State Hosp, Sykesville Md. DATE SIGNED: 3-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3.31.54 — NAME OF CEMETERY OR CREMATORY: Chester Cem. — LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR: 3 [illegible] — REGISTRAR'S SIGNATURE: [illegible] Deputy

24. FUNERAL DIRECTOR: Wm. J. Vickers & Sons — ADDRESS: Bata 17, Md.

VS. A15

2484

02469

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Sykesville, Maryland
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital Sykesville, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
Worcester
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural R.F.D. #3, Berlin, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) Merritt

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	White	Married	1-22-90	64				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
farm worker	Agricultural farm	Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Micjah Merritt	Elizabeth Marnier

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		Unk.	Records at hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary occlusion — found dead in bed

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) General Arteriosclerosis
002X
DUE TO (c) Tuberculosis of the lungs — Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Brain Syndrome with Psychosis — unknown

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4 ,19 54, to 3-12 , 19 54, that I last saw the deceased alive on 3-11 , 1954, and that death occurred at 6:45 — 3/12 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Walter J. Sonnenfeldt, M.D.	Sykesville, Maryland	March 12, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-15-54	Beth Eden	Worcester Co. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-12-54	C. Harry Weed	Burbage Funeral Home	Berlin, Md.

BUREAU V. S.

2485

M

02470

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forgiver Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY York
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural, give location) 10 Stock Street

3. NAME OF DECEASED: (Type or Print) (First) Amanda (Middle) E. (Last) Meschter

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug 21, 1869.
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hilliary Smith
14. MOTHER'S MAIDEN NAME: Elizabeth Edleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Alice Hossetter; Hanover Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH ?

DUE TO

Antecedent cause(s) (b) Hypertensive Cardio Vascular Disease — ?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1953, to March 14, 1954, that I last saw the deceased alive on March 12, 1954, and that death occurred at 3:58 P.M., from the causes and on the date stated above.

SIGNATURE Joseph E. Bushman (DEGREE OR TITLE) ADDRESS Hampstead, Md DATE SIGNED 3-14-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/18/54
NAME OF CEMETERY OR CREMATORY Fredens Union Cem.
LOCATION (City, town, or county) (State) Sumneytown Montgomery Co Pa.
DATE REC'D BY LOCAL REG. Mar. 14-54
REGISTRAR'S SIGNATURE Mrs. W. R. S. Donnee
24. FUNERAL DIRECTOR R B Wine Manchester Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

RECEIVED
MAR 22 19[illegible]
V. S.

2486

02471

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) since 6/27/46
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 233 Welsh Hill

3. NAME OF DECEASED (Type or Print): (First) Ray (Middle) Griffin (Last) MURPHY

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: March 6, 1899

9. AGE last birthday: 55 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith's helper

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Garrett Co., Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: William Albert Murphy

14. MOTHER'S MAIDEN NAME: Henrietta Crowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service) ---

16. SOCIAL SECURITY No.: unknown

17. INFORMANT AND ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General paralysis of the insane — Interval between onset and death: 8 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Syphilis — more than 8 yrs.

(c) ---

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with syphilitic meningo-encephalitis — more than 8 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN) (COUNTY) (STATE): ---

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to March 10, 1954, that I last saw the deceased alive on March 10, 1954, and that death occurred at 2:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M.D. — ADDRESS Sykesville, Md. — DATE SIGNED 3/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 3-13-54 — NAME OF CEMETERY OR CREMATORY Frostburg — LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 3-11-54 — REGISTRAR'S SIGNATURE C. Harry Wiley

24. FUNERAL DIRECTOR — ADDRESS Lefler Funeral Home, Frostburg, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

02472

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 143 E. Green

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 143 E. Green

3. NAME OF DECEASED (Type or Print) (First) FLORENCE (Middle) BELLE (Last) OGG

4. DATE OF DEATH (Month) 3 (Day) 26 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug. 27-1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. School Teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Francis Ogg
14. MOTHER'S MAIDEN NAME Annie Manahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Miss Maude Manahan 132 E. Green Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Myocardial infarction	Minutes
420.1	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	Year
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md. DATE SIGNED 3/27/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-29-1954
NAME OF CEMETERY OR CREMATORY Deer Park Cemetery
LOCATION (City, town, or county) Smallwood (State) Md.

DATE REC'D BY LOCAL REG. 3/27/54
REGISTRAR'S SIGNATURE L. Woodward
24. FUNERAL DIRECTOR L. Bankard Son. ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND

02473

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carrol MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cresapton
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Ellen (Middle) (Last) Pennington

4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 1954

5. SEX f

6. COLOR OR RACE w

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 3-21-1892

9. AGE last birthday 62 yrs. If under 1 year Months. Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Reuben - Unk -

14. MOTHER'S MAIDEN NAME Elisabeth — Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If year, give war or dates of service) ?

16. SOCIAL SECURITY NO. Unk -

17. INFORMANT AND ADDRESS Salomon Doss, Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 X

Immediate cause (a) Bilateral lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH few days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) CBS associated with disease of unknown cause, psychotic — several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1954, to 3/7, 1954, that I last saw the deceased alive on 3/7, 1954, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

SIGNATURE A. Tulizka (Degree or title) M.D. ADDRESS Springfield St. Hospital DATE SIGNED 3/7/1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3-10-54

NAME OF CEMETERY OR CREMATORY Hill Crest

LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. Mar. 8, 1954

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Jacob Hafer - Cumberland, Md. ADDRESS

2488

02474

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2702 St. Paul Street

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) (Last) Perkins

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 23, 1906

9. AGE last birthday: 47 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): No occupation

10b. KIND OF BUSINESS OR INDUSTRY: None.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Perkins

14. MOTHER'S MAIDEN NAME: Martha Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: -Unk-

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial infarct	5 days
	(c) Hypertensive cardiovascular disease	1 yr. and longer.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency — longer than 24 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to March 22, 1954, that I last saw the deceased alive on March 22, 1954, and that death occurred at 10 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Assistant Commissioner M.D. — ADDRESS: Springfield State Hospital Sykesville Md. — DATE SIGNED: 3/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 3-25-54 | NAME OF CEMETERY OR CREMATORY: London Park | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: Mar. 22, 1954 | REGISTRAR'S SIGNATURE: C. Henry Uber

24. FUNERAL DIRECTOR: W. E. Cook, Inc. — ADDRESS: 1217 St. Paul St.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster

LENGTH OF STAY (in this place) 3 yr

HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 7

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Carroll

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Rural Westminster

STREET ADDRESS (If rural, give location) Route 7

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
VALLIE		RICKETTS	Mar	18	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	AGE last birthday: (If under 1 year)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Widowed	April 19 1875	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George W. Fox	Amanda Virginia Boone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
No		Mrs Doris Pelham Rt. Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	minutes
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary Insufficiency	several years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T Thomas M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 3/18/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/20/54	Moreland Mem. Pk.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-19-54	Chas Redland	Wm. J. Vickers & Sons Inc	Balto 1, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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02476

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 1 yr, 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: ——
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Levindale Home & Infirmary

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) —— (Last) Salafsky

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: 8/29/77

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Junk dealer

10b. KIND OF BUSINESS OR INDUSTRY: Junk

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? unkn.

13. FATHER'S NAME: Frank Salafsky

14. MOTHER'S MAIDEN NAME: Ida ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If year, give war or dates of service): ——

16. SOCIAL SECURITY No.: unk.

17 INFORMANT AND ADDRESS: Records of Springfield State Hosp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 34.1
Immediate cause (a) Congestive heart failure — over 1 yr.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Bronchopneumonia — 1 day
(c) ——

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — about 4 yrs

19a. DATE OF OPERATION: ——
19b. MAJOR FINDINGS OF OPERATION: ——
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ——
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ——
(CITY OR TOWN) (COUNTY) (STATE): ——
TIME OF INJURY (Month) (Day) (Year) (Hour): —— m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from 1-21, 19 53, to 3-19, 19 54, that I last saw the deceased alive on 3-18, 19 54, and that death occurred at 1:30 a m., from the causes and on the date stated above.

SIGNATURE: Martin Gross, M.D. (Degree or title) — ADDRESS: Martin Gross, M.D. Sykesville, Md — DATE SIGNED: 3-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3-19-54 — NAME OF CEMETERY OR CREMATORY: Rosedale — LOCATION (City, town, or county): Balto — (State): Md

DATE REC'D BY LOCAL REG.: Mar. 19, 1954 — REGISTRAR'S SIGNATURE: C. Henry Tilden — 24. FUNERAL DIRECTOR: Jack Lewis Inc — ADDRESS: 2100 Eutaw Pl

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Silver Run, Westminster, R.D. (Passing through)

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Run, Westminster, R. D.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Carroll

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural, Near Silver Run, Maryland

STREET ADDRESS (If rural, give location) Westminster, Md. R. D. 2

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EMMA	LYDIA	SELBY	Mar	17	19 54

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	W	Widowed	5/20/1883	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife, Housework	Own home	Adams Co., Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Phillips	Agness Witherow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Chester L. Selby Westminster, Md. R. D. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

82 yr.

Immediate cause (a) Dislocation Cervical Vertebra — INTERVAL BETWEEN ONSET AND DEATH Seconds

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY) Route 140	21c. (City or town) Silver Run	(County) Carroll	(State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3 17 54 9 A.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Samuel Thord M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 3/17/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/19/54	Mt. Carmel Cemetery	Littlestown, Adams Co., Pa.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/17/54	[illegible]	J. M. Littlestown By O. A. Little, Partner.	Littlestown, Pa.

VS. A15A - 5 - 53

2492

02478

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 65 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Shorb (Last) Shipley

4. DATE OF DEATH (Month) March (Day) 23 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 24, 1889
9. AGE last birthday 65 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Agent
10b. KIND OF BUSINESS OR INDUSTRY Springfield Hospital
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel D. Shipley
14. MOTHER'S MAIDEN NAME Genevieve Golden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Lillian R. Shipley - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260x Immediate cause (a) Thrombosis of Coronary artery — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) diabetes mellitus — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1935, 19....., to 3/23, 1954, that I last saw the deceased alive on 3/23, 1954, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE S.H. Lawson (Degree or title) M.D. ADDRESS Sykesville, Maryland DATE SIGNED 3/23/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-26-54
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REG. Mar. 24, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

I

RECEIVED
MAR 23 1934
BUREAU V. S.

02479

M 8493 MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 2 yr. 11 mths.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 615 Sligo Avenue

3. NAME OF DECEASED (Type or Print)	(First) Hazel	(Middle) Bruce	(Last) Smith	4. DATE OF DEATH	(Month) March (Day) 8 (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 6-27-90	9. AGE last birthday 63 yrs.	If under 1 year Months. Days; If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) New Orleans, La.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Herbert Smith		14. MOTHER'S MAIDEN NAME Eugenia Jackson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk	(If year, give war or dates of service) —	16. SOCIAL SECURITY NO. Unk	17. INFORMANT AND ADDRESS Hospital records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

493X

Immediate cause (a) Pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Less than 24 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paranoid condition — 3 years and longer

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 29, 1952, to March 8, 1954, that I last saw the deceased alive on March 7, 1954, and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gertrud Sonnenfeldt	M.D.	Springfield State Hospital	3/8/54.

23. BURIAL, CREMATION REMOVAL (Specify) Trans. [illegible]	DATE 3/15/54	NAME OF CEMETERY OR CREMATORY Lafayette Cemetery #1	LOCATION (City, town, or county) (State) New Orleans, La.
DATE REC'D BY LOCAL REG. Mar. 17, 1954	REGISTRAR'S SIGNATURE C. Harry Wier	24. FUNERAL DIRECTOR Warner E. Cumphrey	ADDRESS 8424 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

2444

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02480

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Longview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Ann (Last) Smith
4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 5, 1860
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob Snyder
14. MOTHER'S MAIDEN NAME: Dianna Abbott.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: John W. Smith, Manchester Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1
Immediate cause (a) Chronic Myocarditis
DUE TO
Antecedent cause(s) (b) Arteriosclerotic Cardio-Vascular Disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) —

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Mch 26, 1954, that I last saw the deceased alive on Mch 26, 1954, and that death occurred at 9:50 A.m., from the causes and on the date stated above.

SIGNATURE Joseph E. Bush (DEGREE OR TITLE) MD ADDRESS Hampstead Md DATE SIGNED 3-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Mar 29/54
NAME OF CEMETERY OR CREMATORY Shiloh
LOCATION (City, town, or county) Carroll Co, Md (State)
DATE REC'D BY LOCAL REG. Mar. 28-54
REGISTRAR'S SIGNATURE Mrs. W. S. Donner
24. FUNERAL DIRECTOR Edw C Tipton, Hampstead Md ADDRESS

RECEIVED
MAR 31 1
BUREAU V. S.

2495

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02481

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 70

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harney

LENGTH OF STAY (in this place): 50 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Carroll

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Harney

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH. (Last) SNIDER

4. DATE OF DEATH (Month) Mar (Day) 4 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	August 27, 1873	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housework	Own home	Maryland	U.S.A.

13. FATHER'S NAME: Joseph McKinney

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Charles R. Snider, Gettysburg, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral circulatory accident — Interval between onset and death: Minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Shanck M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Mar 4/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/7/54	Lutheran Cemetery	Harney, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 7, 1954	Ethel M Mahring Local	C.O.Fuss & Son, Taneytown, Maryland

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MAR 3 1954
BUREAU V. S.

2496 M

02482

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead MD.
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: N. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead MD.
STREET ADDRESS (If rural, give location): N. MAIN St

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) O. (Last) Snyder-

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 16, 1869

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cigar Jobber.

10b. KIND OF BUSINESS OR INDUSTRY: Sales - Service

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elisha Snyder

14. MOTHER'S MAIDEN NAME: Dianna Lafferty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Preston Snyder, Hampstead Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Coronary Occlusion — Interval Between Onset and Death: Suddenly

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arteria-Sclerotic Cardio Vascular Disease — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 50, to March 6, 19 54 that I last saw the deceased alive on Feb 22, 19 54 and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Joseph E. Bush MD — ADDRESS Hampstead Md — DATE SIGNED 3-6-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3-9-54

NAME OF CEMETERY OR CREMATORY: Hampstead

LOCATION (City, town, or county) (State): Carroll Co Md

DATE REC'D BY LOCAL REG.: 3/8/54

REGISTRAR'S SIGNATURE: Henry L Reese

24. FUNERAL DIRECTOR ADDRESS: Edw A Tipton, Hampstead Md

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BUREAU V. S.

2497

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02483

CERTIFICATE OF DEATH

Reg. Dist. No. 76

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Stone Chapel

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural give location) near Stone Chapel

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Lillian (Last) Squirrel

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1954

5. SEX: female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 3, 1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Wm. Bowman
14. MOTHER'S MAIDEN NAME: Irene Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Jack E. Squirrel New Windsor Md. RD #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Hemorrhage, Acute — Interval Between Onset And Death 14 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Vascular Disease — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1954, to Mar 11, 1954, that I last saw the deceased alive on Mar 11, 1954, and that death occurred at 9:30 AM, from the causes and on the date stated above.

SIGNATURE G. Allen Moulton (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED 3/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/14/54
NAME OF CEMETERY OR CREMATORY Western Chapel Cem.
LOCATION (City, town, or county) (State) Rural, Westminster Md.

DATE REC'D BY LOCAL REGISTRAR 3/3/54
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR J. S. Myers Jr. ADDRESS Westminster Md.

MAR 15 1954
BUREAU V. S.

2498

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02484

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Taneytown

LENGTH OF STAY (in this place): 30 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Taneytown

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Mettie (Middle) M. (Last) Stonesifer

4. DATE OF DEATH: (Month) March (Day) 10, (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	Widow	Sept. 21, 1876	77 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housework	own home	Maryland	U.S.A.

13. FATHER'S NAME: John Shriner

14. MOTHER'S MAIDEN NAME: Helen Fair

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
no		none	Mrs. Lester Koons, Taneytown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
442 X Immediate cause	(a) Diabetes Mellitus -	10 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) C Hypertensive cardio renal vascular disease	15 years
240.3 X	(c) D Gangrene of legs and nephritis.	2 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 1946, to 3-10, 1954, that I last saw the deceased alive on 3-5, 1954, and that death occurred at 6:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter E. Stevens md — ADDRESS: Taneytown md — DATE SIGNED: 3-11-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 13, 1954	Baust Cemetery	Tyrone, Carroll; Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 12, 1954	Mary B. Witt, Deputy	C.O.Fuss & Son, Taneytown, Maryland	

BUREAU V. S.

2499

02485

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 83

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Sykesville

LENGTH OF STAY (in this place): 1 yr

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Sykesville

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) EDGAR (Last) SUMMERS

4. DATE OF DEATH: (Month) March (Day) 2, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	single	1-3-1880	74 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
laborer	General	Maryland	U.S.

13. FATHER'S NAME: James P. Summers

14. MOTHER'S MAIDEN NAME: Tobithia Buckingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	218-09-9013	Harry B. Summers, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Thrombosis — Interval Between Onset And Death: 2 or 3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(b) Generalized arteriosclerosis — 15 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic fibrous inactive Tuberculosis — 30 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September, 1953, to March 1st, 1954, that I last saw the deceased alive on March 1st, 1954, and that death occurred at 3.30 AM., from the causes and on the date stated above.

SIGNATURE: Bertram R Gan (Degree or title) M.D. ADDRESS: SYKESVILLE Md DATE SIGNED: March 2. 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	3-4-1954	Stone Chapel	Carroll Co., Maryland

DATE REC'D BY LOCAL REGISTRAR: Mar. 3, 1954 — REGISTRAR'S SIGNATURE: Edna M. Talbott

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Md.

VS. A15

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MAR
BUREAU V. S.

2500

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02486

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 21-03-2
STREET ADDRESS (If rural give location) 126 West Franklin Street ✓

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) CULLER (Last) TICE

4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 10/23/89
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): salesman
10b. KIND OF BUSINESS OR INDUSTRY: Hosiery mill
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert C. Tice
14. MOTHER'S MAIDEN NAME: Virginia Harbaugh

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unk —
17. INFORMANT & ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic myocarditis — Interval Between Onset And Death: years

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ...

DUE TO

(c) arteriosclerosis — years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Involutional psychotic reaction — 3 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1954, to 3/29, 1954, that I last saw the deceased alive on 3/29, 1954, and that death occurred at 4:50 PM, from the causes and on the date stated above.

SIGNATURE Walther H. Sonnenfeldt (Degree or title) M. D. ADDRESS Sykesville, Maryland DATE SIGNED 3/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 1, 1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REGISTRAR April 6, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Scott F. Minnich & Son Hag. Md. ADDRESS

APR 2

02487

2591

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Mt. Airy
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Twin Arch Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural, Mt Airy
STREET ADDRESS (If rural, give location) Twin Arch Road

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) C (Last) WILSON

4. DATE OF DEATH (Month) MAR (Day) 5 (Year) 1954

5. SEX: f.
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: ?
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months | Days; IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): near Westminster Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Toop
14. MOTHER'S MAIDEN NAME: Grace May ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Richard Taylor, Mt Airy Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 916.0

Immediate cause (a) Burned to death.
DUE TO
Antecedent cause(s) (b) House burned.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City, or town) ~~Mt~~ Mt Airy (County) Carroll (State) Md

21d. TIME OF INJURY (Month) 3 (Day) 5 (Year) 54 (Hour) 8 30 A M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? House burned

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T Marsh M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF March 6 54
NAME OF CEMETERY OR CREMATORY Family Cemetery (Toop)
LOCATION (City, town, or county) (State) New Windsor Road near Westminster Md
DATE REC'D BY LOCAL REG. Mch 8
REGISTRAR'S SIGNATURE Wm. D. Snyder mmb.
24. FUNERAL DIRECTOR J. E. Myers Jr. Westminster Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAR 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 024896

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Westminster
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glover Convelescent Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Taneytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Wilson
4. DATE OF DEATH: (Month) (Day) (Year) March 18, 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: March 21, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter M. Michael
14. MOTHER'S MAIDEN NAME: Margaret W. Rost

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: L.Carroll Wilson, Taneytown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

334X
Immediate cause (a) Cerebral Arteriosclerosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Entire mentally derange
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1954, to Mar 18, 1954, that I last saw the deceased alive on 3-17-, 1954, and that death occurred at 1 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) T H Legg MD ADDRESS Union Bridge Md DATE SIGNED 3-18-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 20, 1953
NAME OF CEMETERY OR CREMATORY Louden Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR March 19, 1954
REGISTRAR'S SIGNATURE Mary B. Wilt Deputy
24. FUNERAL DIRECTOR C.O.Fuss & Son, Taneytown, Maryland ADDRESS

3/20/54 L.H. Woodward Reg No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 22 1954
BUREAU V. S.